

FILED MARY 4 1946

STANDARD CERTIFICATE OF DEATH

State File No. 5152

Registration District No. 4786

Primary Registration District No. 44 4186

Registrar's No. 61

1. PLACE OF DEATH

(a) County. FRANKLIN
(b) City or town. SULLIVAN-40
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. Life (Specify whether)
In this community. Life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED

(a) State. MISSOURI (b) County. FRANKLIN 36
(c) City or town. SULLIVAN. 4
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. FRANCES ELIZABETH ARMISTEAD

(b) If veteran, name war. No
(c) Social Security No. NONE

4. Sex. FEMALE 5. Color or race. White 2
6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. NOVEMBER 21, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days
If less than one day hr. min.

9. Birthplace. STANTON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEWIFE

11. Industry or business. HOME

MOTHER FATHER { 12. Name. BYRD
13. Birthplace. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. ELIZABETH BARRY
15. Birthplace. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant. DAISY SCHUBER
(b) Address. SULLIVAN, MO

17. (a) BURIAL (b) Date thereof. FEB 24 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. HENDRICKSON SULLIVAN

18. (a) Signature of funeral director. J. W. L. Luff
(b) Address. SULLIVAN MO

19. (a) 2/22/46 (b) C. A. Roastee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-11-46 to 2-21-46
that I last saw her alive on 2-21-46
and that death occurred on the date and hour stated above.

Immediate cause of death. Pneumo pneumonia 2 days

Due to.....
Due to.....

Other conditions. mild hypertension 10 years
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy..... 10

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature. C. A. Roastee (M. D. or other).....
Address. Sullivan MO Date signed. 2/22/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4130

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed _____

3-1-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

Edgar W. Paylow

Licensed Embalmer No. _____

3394

P. O. Address _____

Sullivan Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.